MED - Minimum Data Set Validation Onsite Review Scheduling

Purpose: Minimum Data Set (MDS) is a core set of screening, clinical and functional status elements, including common definitions and coding categories, which forms the foundation of the comprehensive assessment for all residents of long term care facilities certified to participate in Medicaid or Medicare. The items in the MDS standardized communication about resident problems and conditions within facilities, between facilities and between facilities and outside agencies.

The MDS validation is to verify the correct Resource Utilization Groups (RUG-III) classification of the resident by reviewing the coding accuracy of the MDS. The validation process identifies MDS items coded in error, as well as omitted MDS items.

The Resident Assessment Instrument (RAI) is a standardized approach for interdisciplinary assessing, planning, and providing individualized care. The RAI consists of three basic components, MDS, CAAs and Utilization guidelines. This process is a federal mandate.

Case Mix Index (CMI) is a numerical weight assignment based on the Resource Utilization Groups (RUGs) within a facility population. Validation of the MDS ensures the RUGS assigned and the resulting CMI and facility reimbursement is correct.

Medical Services provides qualified and trained staff to perform the MDS validation review. Medical Services provides recommendations to improve documentation when inconsistencies are identified between the medical record documentation and the MDS validation.

Education to help reduce future errors and increase the accuracy of MDS coding occurs during the exit interview between the review coordinator (RC) and the nursing facility (NF) staff, i.e., director of nursing (DON), MDS coordinator, assistant director of nursing (ADON) and/or administrator.

Identification of Roles:

Review coordinator (RC) – Prepares an annual onsite schedule that will assign a NF to a specific month to receive an onsite visit.

Automation education coordinator (AEC) – Provides monthly report to each RC of scheduled facilities for onsite visit.

Performance Standards:

Performance standards are not identified for this procedure.

Path of Business Procedure: Medical Services must conduct annual onsite MDS validation reviews of 25 percent of the Medicaid eligible residents or the number of records in each of Iowa's certified NF's MDS sample. The MDS validation onsite is scheduled annually for each NF in the state of Iowa.

Step 1: The RC prepares a schedule for the year ensuring all assigned NFs have tentative dates for an onsite visit. RC sends a copy of the schedule to the med srv manager and to med srv MDS automation education coordinator (AEC).
Step 2: Each month the AEC prepares a report with the assigned facilities and emails a copy to the med srv RC. If there are changes in the RC's schedule, the manager and AEC are notified.
Step 3: The RC contacts the facilities at least 48 hours in advance to schedule the onsite visit.
Step 4: Onsite visits are scheduled with the director of nursing (DON), MDS coordinator or administrator.
Step 5: The names of the members to be reviewed for MDS validation will be provided to the facility contact by the RC.

Forms/Reports:
N/A

RFP Reference:
6.2.6.2

Interfaces:
N/A

Attachments:
N/A

MED - Minimum Data Set Validation Record Selection

Purpose: Medical Services must conduct an annual onsite MDS validation review on 25 percent of Medicaid eligible residents or the number of Medicaid residents available in each of Iowa's certified NFs. The sample shall include, when possible, a representative from each RUG category with a minimum of 40 percent of the sample being residents identified in the physical function reduced case mix category. An Access program randomly selects the MDS assessment records from the MDS state repository for the MDS validation review process.

The RUG grouper abstracts information from 108 MD fields to assign a RUG category. Each RUG group contains a specific number of fields that pertain to that group; therefore, the reviewer is validating only a specific number of MDS fields per record.

Identification of Roles:
Review coordinator (RC) – Annually performs MDS validation on 25 percent random sample (or number of records available) of Medicaid residents in all Iowa nursing facilities.

Automation education coordinator (AEC) – Monthly provides RC with sample of nursing residents to be reviewed and collects the outcome data of MDS validation and quality assurance reviews.

Performance Standards:

Performance standards are not identified for this procedure.

Path of Business Procedure:

Step 1: The AEC queries the access database to produce a report of records to be reviewed at each facility on the RC schedules. By the 20th day of each month the AEC emails the report to the respective RC for the following month. The records selected represent 25 percent (or number of records available) of the Medicaid MDS assessments submitted in the past state fiscal year quarter..
Step 2: The RC contacts the facility to schedule the onsite visit.
Onsite visits are scheduled with the director of nursing (DON), MDS coordinator or administrator.
Step 3: The names of the members to be reviewed for MDS validation will be provided to the facility contact by the RC.
Step 4 The RC will contact the NF staff at least 48 hours prior to the onsite date.
Step 5: The RC will develop the best method to organize the work before the onsite visit. Optional worksheets may be utilized.
Step 6: The RC will use RUG III classification scheme that identifies a resident in one of seven major categories on the basis of clinical characteristics and functional abilities.

- Rehabilitation
    - Residents receiving physical, speech or occupation therapy.
        - RUA, RUB, RUC, RVA, RVB, RVC, RHA, RHB, RHC, RMA, RMB, RMC, RLA, RLB
- Extensive Services
    - Residents receiving complex clinical care or with complex clinical needs such as IV feeding, medications, suctioning, tracheostomy care, ventilator/respirator and co-morbidities that make the resident eligible for other RUG categories.
        - SEA, SE2, SE3
- Special Care
    - Residents receiving complex clinical care or with serious medical conditions such as multiple sclerosis, quadriplegia, cerebral palsy, respiratory therapy, ulcers, stage III or IV pressure ulcers, radiation, surgical wounds, open lesions, tube feeding, aphasia, fever with dehydration, pneumonia, vomiting, or weight loss.
        - SE1, SE2, SE3

- Clinically Complex
    - Residents receiving complex clinical care or with condition requiring skilled nursing management and interventions for condition san treatments such as burns, coma, septicemia, pneumonia, foot/wounds, internal bleeding, dehydration, tube feeding, oxygen, transfusions, hemiplegia, chemotherapy, dialysis, physician visits and/or order changes.
        - CA1, CA2, CB1, CB2, CC1, CC2
- Impaired Cognition
    - Residents having cognitive impairment in decision making, recall and short term memory.
        - IA1, IA2, IB1, IB2
- Behavior Problems
    - Resident displaying behavior such as wandering, verbally or physically abusive, socially inappropriate, who experience hallucinations and/or delusions.
        - BA1, BA2, BB1, BB2
- Reduced physical functioning
    - Residents whose needs are primarily for activities of daily living and general supervision.
        - PA1, PA2, PB1, PB2, PC1, PC2, PD1, PD2, PE1 PE2

Forms/Reports:
N/A

RFP Reference:
6.2.6.2

Interfaces:
N/A

Attachments:
N/A

MED - Minimum Data Set Validation Onsite Visit

Purpose: Each nursing facility in the State of Iowa has a Minimum Data Set validation onsite visit annually to confirm accuracy in completion of the MDS. The review will ensure a minimum inter-rater reliability of 95 percent.

Identification of Roles:
Review coordinator (RC) – Reviews medical records and a copy of the MDS while at facility.

Performance Standards:

Performance standards are not identified for this procedure.

Path of Business Procedure:

Step 1: Prior to the onsite, the RC will review the previous year's report, if available so a comparison can be made to determine if follow-up has been completed by the NF based on the previous year's recommendations.

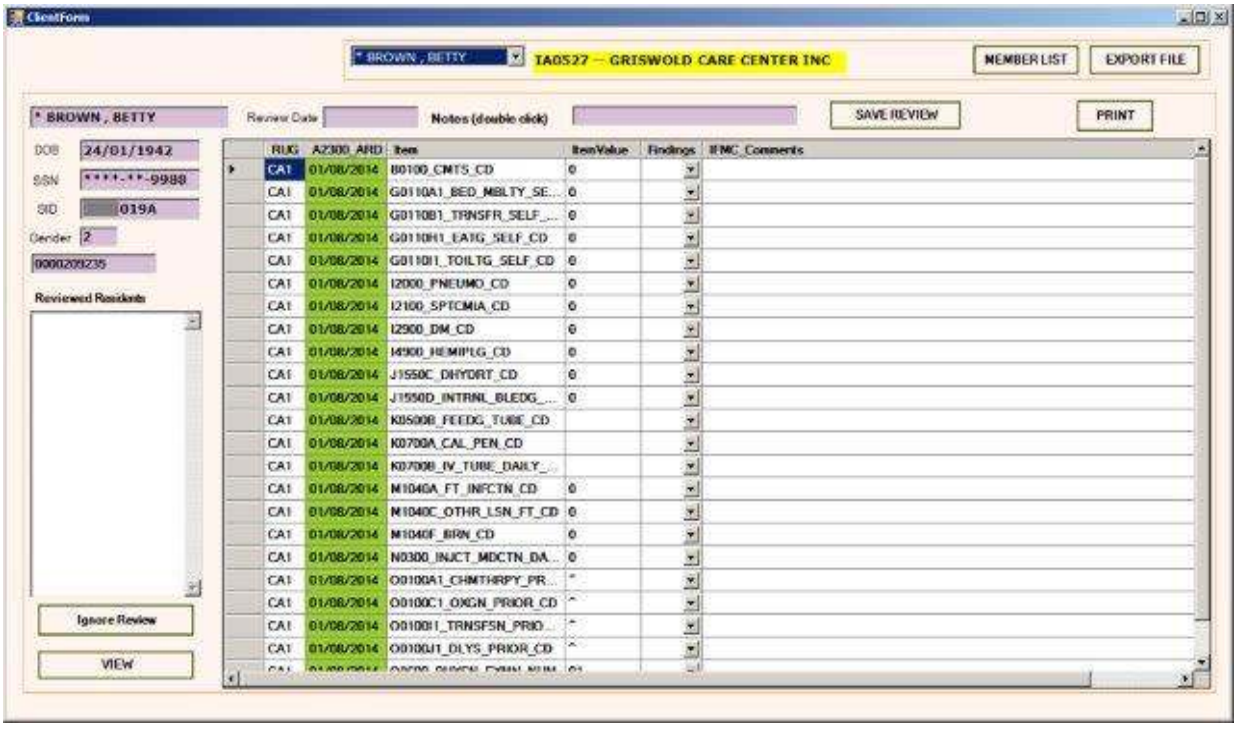
Step 2: Upon arrival in the facility, the RC explains the review process to administrative staff during the entrance conference and identifies the sample selection. See Administrative Functions Medicaid Member and Staff Safety operational procedure.

Step 3: The RC will ask for a contact person to be identified who can be a resource during the onsite visit.

Step 4: The RC will require the resident's medical record, care plan, MDS assessments, Care Area Assessment Resources (CAA), and any supporting documentation for the MDS review.

a. Thinned records or documentation maintained outside the medical record may be requested to support the MDS coding.

Step 5: The RC may use any documentation to validate the MDS coding, e.g., restorative documentation, nurse aide documentation, tracking tools, interdisciplinary summaries, and physician documentation. The RC will complete the MDS validation review worksheet below utilizing all pertinent information including the MDS, the member's medical record, interviews with facility staff, and observation of the resident.



If documentation for an MDS field is found to be consistent with MDS coding, a "C" is entered on the MDS validation review

Step 6: If documentation cannot be located to support the MDS coding, the RC will discuss this with the facility contact person. Every effort will be made to locate the documentation to support the MDS coding.
Step 7: If documentation does not substantiate the coding, or conflicting documentation is noted, the letter **"I"** is entered on the MDS report in the Medical Services column. A brief explanation for the inconsistency is entered in the comments section.
Step 8: After completing MDS validation on all necessary records the RC organizes the information to be discussed during the exit conference.
Step 9: Any facility noted to have greater than 25% error rate in their MDS validation will be notified of this by the RC in the exit conference and the RC must repeat an MDS onsite visit in six months with the facility.
Step 10: The RC informs the contact person and requests that all interested staff be invited to the exit conference. Medical Services is required to conduct an exit conference with the NF administrative staff to identify inconsistencies found in the MDS fields utilized for RUGs III classifications.
Step 11: The exit conference report shall include MDS assessment with patterns of errors, areas that need improvement, staff education and training needs, and notice of when the final report will be sent to the facility. The RC will discuss any inconsistencies noted and answer any questions the staff may ask. At this time, it is appropriate to suggest documentation changes to remedy inconsistencies.
Step 12: The RC will obtain the administrator's email address and inform the staff that the follow-up report will be available in the confidential state portal within 30 days. The administrator will receive an email from the AEC indicating the follow-up report is available and instructions on obtaining the report from the confidential state portal.
Step 13: The follow-up report does not require a response; no MDS corrections are necessary, and the RUG groupings will not change.
Step 14: The information is provided for educational purposes for the staff that code the MDS worksheets in the nursing facility.
Step 15: If the facility staff have specific Resident Assessment Instrument (RAI) questions which the RC cannot answer, they are referred to RAI coordinator, Department of Inspection and Appeals (DIA).
Step 16: Any MDS automation questions are referred to an MDS automation education specialist.
Step 17: Care Area Assessment (CAA) resources with the NF's MDS documentation at the facility can be used to support the documentation for the MDS review. CAA is a structured, problem-oriented framework for organizing MDS information and examining additional clinically relevant information about an individual. CAAs help identify social, medical and psychological problems and form the basis for individualized care planning. There are 4 components in the CAA:

a. Triggers are specific resident responses for one or a combination of MDS elements. The triggers identify residents who have or are at risk for developing specific problems and require further evaluation.
b. Any of the 20 CAAs are automatically triggered by completed MDS fields and/or combinations of completed MDS fields.

c. The CAA analysis is performed by the RC in accordance with the utilization guidelines. The in-depth review assists the staff members to draw a conclusion to proceed or not to proceed to the plan of care.
d. The CAA Summary sheet documents the decision made during this evaluation process on whether or not to proceed to care planning.

Step 18: The RC will complete the outcome audit report, found on the L drive, under forms/NF/mds.outcome.worksheet.2013, see copy at the end of the operational procedure. This form is a log of the results of all onsite visits performed by the RC in that month and is submitted to the manager at the end of each month.

Forms/Reports:
MDS onsite worksheet

RFP Reference:
6.2.6.2

Interfaces:
N/A

Attachments:
N/A

NEW MDS VAL Worksheet March 2013

Facility Name	Date of Visit	# MDS val	# errors	Percentage of error	Date Received	Date Sent	# days
Total # sites		Total # assessments	# errors	%			Average # days

MED - Minimum Data Set Validation Process

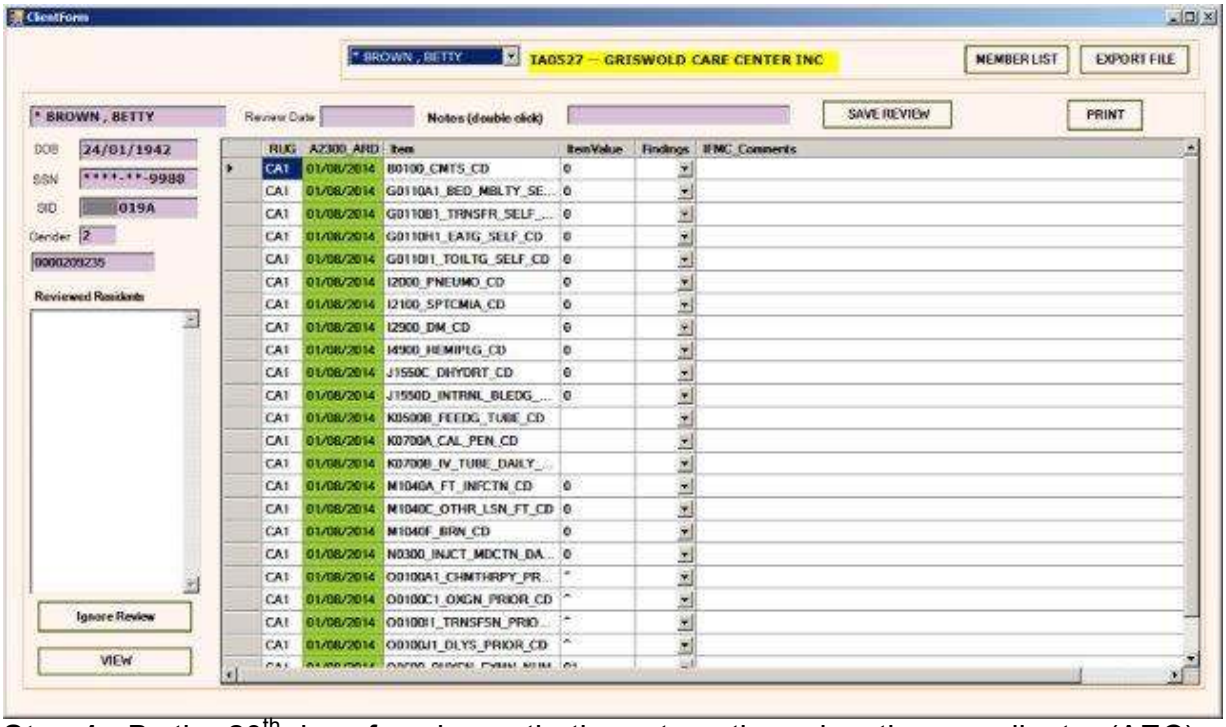
Purpose: Validation of the sampling of Minimum Data Set (MDS) validation performed by the Medical Services to ensure consistency and accuracy of MDS which results in the most accurate case mix and reimbursement to the NF.

Identification of Roles:
Review coordinator (RC) – Reviews medical records and MDS sheets while at facility.

Performance Standards:
Performance standards are not specified for this procedure.

Path of Business Procedure: The RUGs verification worksheet will be used on the RC laptop along with the RUGS program as shown below to import the patient list from email.

Example of the RUGS worksheet is loaded on the laptop for the RC to use at the NF.



Step 1: By the 20th day of each month, the automation education coordinator (AEC) e-mails MDS information to review coordinator (RC) for the following month.
Step 2: The RC drags and drops the prepared facility files into the temp folder of the laptop C drive.
Step 3: The RC opens the MDS icon on the Desktop, enters 'a' and hits Login, clicks the radio button 'Get New Facility File', clicks 'Open The File', then double clicks on the facility number to open the file, and clicks 'No' to prevent overwriting the files.
Step 4: The RC clicks on 'Member List' to generate the random sample of records for review. The first sample records are designated with a * by each member's name. The second sample records are designate with a '+' by each member's name. The second sample records are utilized for substitutions if members in the first sample are no longer available for review, e.g., death/discharge.
Step 5: The RC would use the first name in Sample 2 to replace the Sample 1 name.
Step 6: RUGS therapy worksheet example is the reduced physical functioning RUG identifying nursing rehabilitative services.
Step 7: To open individual worksheets the RC clicks on facility then selects and clicks on resident's name from the drop down box.
Step 8: Worksheet Columns:

a. RUG: indicates the RUG category

b. A2300 ARD: Assessment Reference Date of the MDS and tells the RC the timeframe to review documentation for accuracy of MDS information.
c. Item: refers to the MDS item and brief description
d. Item Value: the answer given to the MDS item by the NF completing the MDS
e. Findings: area marked as consistent 'C' or inconsistent 'I' by RC
f. IME Comments: brief statement by RC as to reason for inconsistency
    1. To view entire worksheet, click the 'Print' button.
        a. Comprehensive resident data is included on the entire worksheet.
        b. No information can be added to the worksheet from this area.
g. Save: to save the review at any time, the RC clicks the 'Save' button. The review MUST be saved when all items have been validated. After saving the review, the resident's name will appear in the 'Reviewed Residents' column on the left side of the page. To reopen a record, the resident's name must be selected from the drop down box. Records cannot be accessed from the 'Reviewed Residents' column.

Step 9: RUGs behavior worksheet example is the clinically complex identifying indicators of depression.

Step 10: Worksheet columns:

a. A3A date: the reference date for completion of the MDS.
    1. This tells RC timeframe to review documentation for accuracy of MDS information.
b. Item: refers to the MDS item
c. Description: describes MDS item
d. Value: the answer given to MDS item by the NF completing the MDS
e. IME: area marked as consistent (C) or inconsistent (I) by RC
f. Comments: brief statement by RC as to reason for inconsistency
    1. To view entire worksheets click the print preview worksheets.
        a. Comprehensive resident data, including the RUG Group of the review is included on the entire worksheet.
        b. No information can be added to the worksheet from this area.

Forms/Worksheet

# Facility	# Records Reviewed	# RUG areas reviewed	Total # I's	% I's	# LOC req clarification by NF staff	#LOC to PR	#LOC deny by PR	Comments

RFP Reference:

6.2.6.2

Interfaces:
N/A

Attachments:
N/A

Med - Minimum Data Set Validation Completing Documentation of the Onsite Visit

Purpose: The RC will complete all documentation of the results of MDS validation at the NF to report to the AEC so trends of inconsistencies can be trended and reported to DHS.

Identification of Roles:
Review coordinator (RC) – Reviews medical records and MDS sheets while at facility.

Automation education coordinator (AEC) – Collects outcome data of MDS validation and quality assurance reviews and provides Manager monthly reports of the outcomes.

Manager – Provides a quarterly report of MDS validation review activity and findings.

Performance Standards:
Performance standard are not specified for this procedure.

Path of Business Procedure:
Step 1: From an open and completed MDS validation record within the Access database, the RC clicks 'Export File'. This sends the entire NF completed files to the C drive MDS folder.
Step 2: The RC completes a follow-up letter using the template QA Tool & FU Letter(Ver3.2)1'?. This document is saved in My Documents.
Step 3: Follow-up letters must be submitted within 14 days of the onsite visit to AEC.
Step 4: The NF follow-up letter, NF QA tools, and MDS validation file must be submitted by email to the AEC within 14 days of the onsite completion. All documents are submitted to the AEC by email attachments. The email subject line must be completed by entering 'Confidential' followed by the NF number and name, i.e.: IA0414 Good Samaritan Algona. This sends the email through the encryption process.
Step 5: Medical Services is required to make available a report on the MDS validation review to the facility within 30 days of the last date of the onsite review. The AEC places the facility follow-up letter and worksheets in the confidential state portal within 30 days after the onsite visit. The nursing facility administrator is notified by email when the follow-up report is available.
Step 6: The AEC completes the MDS Visit Outcome form and submits to the manager on the last working day of the month. On this report, percent of inconsistencies is calculated by total number of potential errors per RUG for each record review by the

number of actual errors found in each record, i.e., five medical records, each with potential of 8 points/fields with a total of 40 points possible. Total number of errors found upon record review were ten. Percentage of error would be 25% for that NF.
Step 7: Manager submits activities and findings from the AEC tracking reports for inclusion in the Medical Services quarterly report and the monthly report to Department of Inspections and Appeals (DIA) Bureau Chief.

Forms/Reports:

Final Outcome Follow-up letter

Date

Facility Administrator
Name of Facility
Address
City, State, Zip

Dear ^:

The Iowa Medicaid Enterprise (IME) Medical Services conducts onsite visits in Iowa nursing facilities under contract with the Iowa Department of Human Services. The purpose of the onsite visit is to conduct case mix validation review of Medicaid residents.

In addition, IME Medical staff provides recommendations to improve documentation in the medical record.

Encloses is a detailed report on each of the MDS assessments reviewed during the onsite visit.

The results of this onsite visit were discussed with (Facility Staff) during the exit conference on (Date). The cooperation of you and your staff during this review was greatly appreciated. If you have questions or concerns regarding this report, you may contact our office at 1-800-383-1173.

Iowa Medicaid Enterprise
Medical Services

Enclosures

OASIS	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Year to Date
Duplicate Patient Reviews	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**YTD**
Number of OASIS Agencies Reviewed													
Number of Agencies w/ duplicates													
Number of Duplicate Patient Records													
Number of Agencies Contacted													
OASIS Contact Log													
Number of OASIS Calls													
Number of Emails													
Total Calls and Emails													
Topics													
Passwords/Other													
Validation Reports/Corrections													
CASPER Reporting System													
Non-clinical Coding-DIA Referral													
Verizon													
Education													

OASIS Education			
Session	**1**	**2**	**Totals**
OASIS Topic and Date			
Number of Sites			
Attendance at Origination Site			
Attendance at all Sites			
Number of Agencies Represented			
Percent Learning Objectives Met			
Percentage Satisfied with Instruction			

MDS onsite worksheet

Final outcome follow up letter

The results of this onsite visit were discussed with (Facility Staff) during the exit conference on (Date). The cooperation of you and your staff during this review was greatly appreciated. If you have questions or concerns regarding this report, you may contact our office at 1-800-383-1173.

Iowa Medicaid Enterprise

Medical Services

Enclosures

RFP Reference:

6.2.6
6.2.6.1
6.2.6.2
6.2.6.3

Interfaces:

N/A

Attachments:

Facility Name	Date of Visit	# MDS val	# errors	Percentage of error	Date Rceived	Date Sent	# days
Total # sites		Total # assessments	# errors	%			Average # days

Final Outcome Follow up letter
Date

Facility Administrator
Name of Facility
Address
City, State, Zip

Dear ^:

The Iowa Medicaid Enterprise (IME) Medical Services conducts onsite visits in Iowa nursing facilities under contract with the Iowa Department of Human Services. The purpose of the onsite visit is to conduct case mix validation review of Medicaid residents.

In addition, IME Medical staff provides recommendations to improved documentation in the medical record.

Encloses is a detailed report on each of the MDS assessments reviewed during the onsite visit.

DHS Quarterly Report Data:

MDS Validation	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
NFs visited					
Assessments reviewed					
Facilities with an error rate greater than 25 percent					
Validation letters sent within 30 days of completed review					

MDS Outcome Worksheet:

# Facility	# Records Reviewed	**# RUG areas reviewed**	**Total # I's**	**% I's**	# LOC req clarification by NF staff	#LOC to PR	#LOC deny by PR	Comments

Number of facilities not visited due to low Medicaid or RUG census: 0

(NEW – column 7) Average Inconsistency Rate % total = % of inconsistencies divided by # of facilities visited.)

RFP Reference:
6.2.6.2

Interfaces:
N/A

Attachments:
N/A

Med - Minimum Data Set Backup of Validation and Quality Assurance Tools

Purpose: To ensure a method exists of saving data from Minimum Data Set (MDS) validation which could be used as a backup of information if data is lost in transfer to the AEC through email**.**

Identification of Roles:

Review Coordinator (RC) – Reviews medical records and MDS sheets while at facility. Report findings of NF review to the AEC monthly.

Performance Standards:

Performance standards are not specified for this procedure.

Path of Business Procedure:

Step 1: The RC will monthly save the workload on the Z drive.
Step 2: Click open My Computer
Step 3: Click open the Z drive
Step 4: Click open File
  a. Move cursor to new
Step 5: Click on folder
  a. New folder will appear in blue
Step 6: Click on rename this folder
  a. Rename, i.e., MDS Validation 20XX – 20XX
Step 7: Double click on new folder MDS validation 20XX – 20XX
  a. Click on file
Step 8: Move cursor to new
  a. Click on folder
Step 9: Click on Rename this folder
  a. Rename the work month and year, e.g., Month 20XX
Step 10: Double click on the new folder July 20XX
  a. Do not close this screen
Step 11: Open Microsoft Outlook
Step 12: Open the email to the AEC that contains the facility data.
Step 13: Drag and drop the QA Tool & FU Letter(Ver3.2)1'? file and the MDS validation file into the appropriate folders.
Step 14: The facilities QA Tool & FU Letter(Ver3.2)1'? file and MDS validation data are now saved in the Z drive.

Reminder to RCs

The information in the MDS validation program has now been replaced. Once information has been replaced, the previous information cannot be retrieved.

To Submit Weekly MDS Validation Information and QA Tool & FU Letter(Ver3.2)1'? file to the MDS Education Coordinator

Step 1: Open shortcut to Rugwksht 34
Step 2: Click on export to desktop button
Step 3: Close this program
Step 4: Open Microsoft Outlook icon
Step 5: Click on new
Step 6: Address email to the MDS Education Coordinator
Step 7: In subject line enter confidential MDS <dates>
Step 8: Drag and drop facility file from the MDS RUGs window to the open email
Step 9: Drag and drop the QA Tool & FU Letter(Ver3.2)1'? to the open email
Step 10: Click on send
Step 11: Close Microsoft Office

To Save Weekly MDS Validation Information in the Z drive

Step 1: Open My Computer
Step 2: Open Z drive
Step 3: Open MDS Validation 20XX - 20XX folder
Step 4: Open corresponding monthly folder
Step 5: Click on file
Step 6: Move cursor to new
Step 7: Click on folder
Step 8: New folder will appear in blue
Step 9: Click on rename this folder
a. Rename folder, i.e., NF numbers rename using words that MDS Education Coordinator and RC can use to identify completed MDS validation
Step 10: Open MDS RUGS icon on Desktop
Step 11: Drag and drop the facility file from the MDS RUGs screen to the Z drive folder
Step 12: Close both programs

To Save Weekly Nursing Facility Quality Assurance Tools in the Z drive

Step 1: Open My Computer
Step 2: Open the Z drive
Step 3: Open File
Step 4: Move cursor to new
Step 5: Click on folder
Step 6: New folder will appear in blue
Step 7: Click on rename this folder
Step 8: Rename, i.e. NF QA Worksheets 20XX – 20XX
Step 9: Double click on New Folder NF QA Worksheets 20XX – 20XX
Step 10: Click on file
Step 11: Move cursor to New
Step 12: Click on folder
Step 13: Click on rename this folder
a. Rename the work month and year, i.e., July 20XX
Step 14: Double click on the new folder July 20XX

Step 15: Do not close this screen
Step 16: Drag and drop the QA Tool & FU Letter(Ver3.2)1'? to the open folder into the Z drive; if individual worksheets are not saved in a nursing file, a folder will need to be set up under the month and named by nursing facility, then the individual worksheets are moved to the nursing facility folder by drag and drop
Step 17: Close the folders and Z drive
Step 18: The weekly workload and nursing facility quality assurance worksheets are now available to both the RC and the MDS Education Coordinator.

Forms/Reports:
See procedure Med - Minimum Data Set Backup of Validation and Quality Assurance Tools

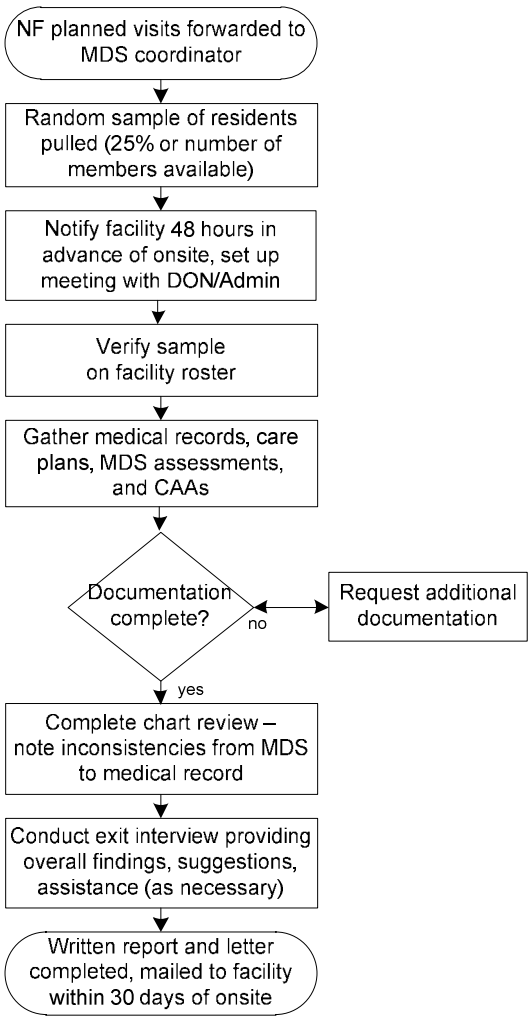
RFP Reference:
6.2.6.2

Interfaces:
N/A

Attachments:
N/A

Attachment A:

MDS Validation



Med - Minimum Data Set MDS 3.0 Section Q referrals

Purpose: The MDS is the nursing facility resident assessment instrument used for all NF residents. The MDS Version 3.0 replaced MDS 2.0 on October 1, 2010. The revisions to MDS includes a new Section Q (Participation in Assessment and Goal Setting) that gave CMS an opportunity to improve the identification of individuals in nursing facilities who want to obtain information about available options and supports for community living and to support individual choice. The revisions are designed to enhance the identification of candidates and strengthen the referral and transition process. Individuals identified for transition to community services in the Section Q process will be referred to local contact agencies to receive information about community choices and if deemed appropriate, for assistance in transitioning to community living situations. This is not an automatic plan for discharge to the community regardless of circumstances. The process is meant to provide information for the NF resident. The new Section Q item is more person-centered, better supports the individual's right to choose where they receive their long term care services and supports and reinforces states' efforts to comply with the Americans with Disabilities Act and the U.S. Supreme Court decision in Olmstead vs. L.C.

Identification of Roles:

Review Assistant (RA): will receive referral information from nursing facilities via telephone call and complete referral letter template.

Manager/Lead Review Coordinator (RC) - will proof letters prior to mailing of information to NFs, will assign Options Counselor based upon the area of the State and whether the referral is to be in person or via telephone, and will report outcomes of referrals to DHS and CMS as requested.

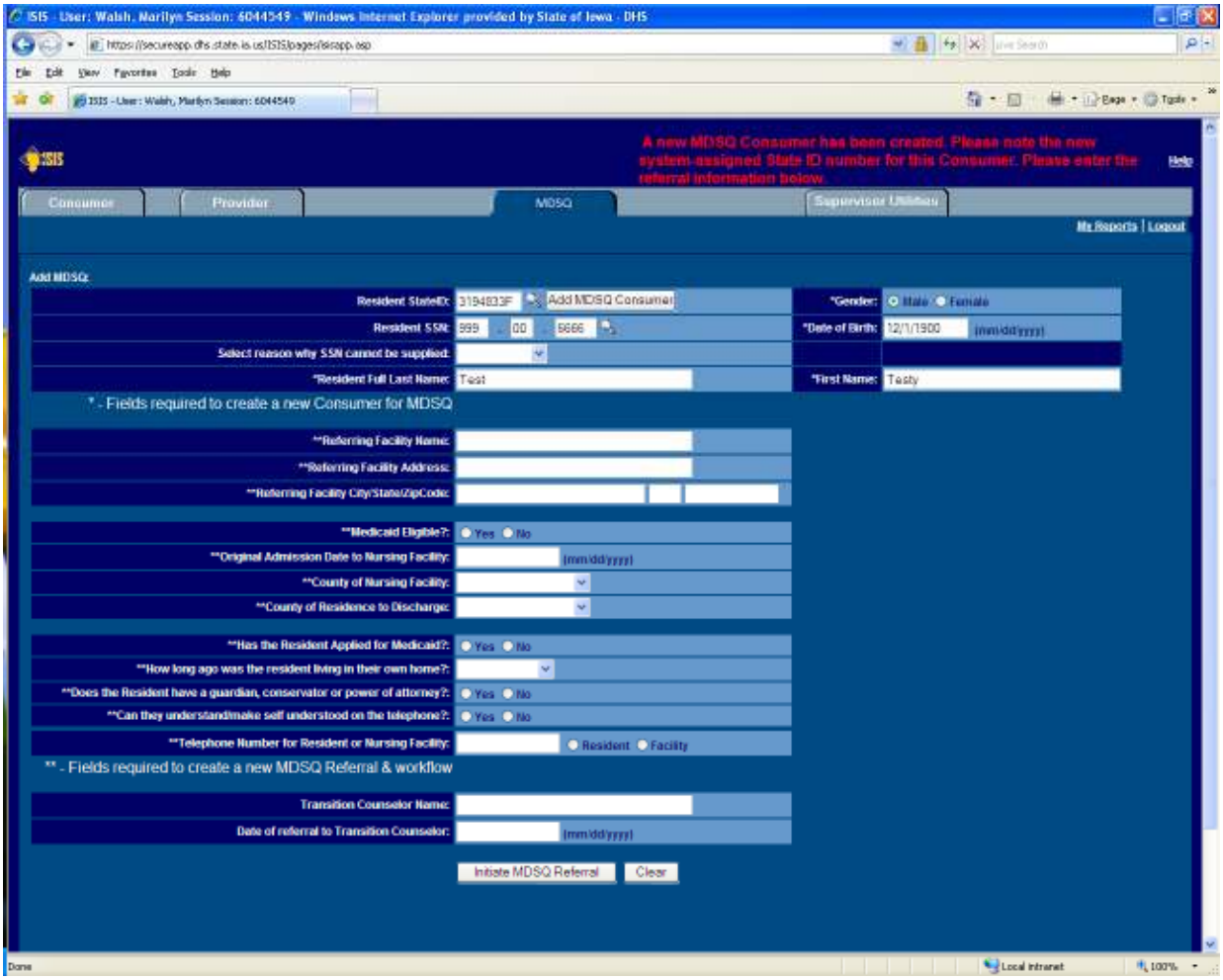
Performance Standards:

Performance standards are not specified for this procedure.

Path of Business Procedure:

Step 1: NF will call IME Medical Services and ask to speak to someone regarding MDS Section Q referral. The medical services call center will round robin these calls to LTC RAs.

Step 2: RA will click on the MDSQ tab in ISIS and gather the information to fill in the form for the referral as listed in the attachment below including:



- Verify the name, address and provider number or NPI number of the NF calling
- Full Name of resident
- SSN or SID
- Resident telephone number if appropriate
- Gender
- Date of Birth
- Medicaid eligible yes or no
- Original admission date to NF
- County of residence or county intending to discharge to if able to transition
- How long ago did the resident reside in the community including NF stay, acute hospitalization or inpatient rehab stay?
- Does the resident have a guardian, conservator, or power of attorney?
- Can this person understand and make themself understood on the telephone?

Step 3: RA will use the MDS section Q referral template from the L drive under the folder MDS section Q referral letters. RA will name the letter; (Last_First_10.01.10); RA proofs the letter confirming name, provider number, and NPI number from ISIS, then emails electronic version to the manager/Lead RC for final proofing.

Step 4: Manager / Lead RC will proof letter, confirm name and address of NF with ISIS, check demographic information on resident. When final, the letter will be Right Faxed to

nursing facility by the RA and a blind copy back to the RA. RA will fax finalized referral letters to the NF within two days of receipt of the complete information.
Step 5: When the RA receives the final proofed copy of the referral letter via email from the manager, they will save the letter to the L drive folder labeled "MDS section Q referral letters. ISIS milestones will be answered by the RA to move milestones back to Manager for assignment of Options Counselor.
Step 6: The Manager will assign the Options Counselor in ISIS dependent upon the location of the resident and the location of the county they are to be discharged.
Step 7: RA will phone for follow-up with provider for any review left in pending status seven days or more.

Pended Section Q referrals:

Step 1: NF will call IME Medical Services and ask to speak to someone regarding MDS or Section Q referral. Call center will round robin these calls to the three LTC RAs.
Step 2: RA will gather the information for the referral, however, if the NF does not have complete information at the time of the initial call see Step 3.
Step 3: RA will save the information they have been provided into a letter that they will then name in usual convention and save on their desktop to await the NF returning call with remaining information.
Step 4: RA will put a reminder on their Outlook calendar dated one week from today's date to follow-up with the NF regarding the Section Q referral that was initiated.
Step 5: After receiving complete information, RA will continue to Step 3 of procedure. If resident has changed their mind or canceled request for some reason, RA will record the cancellation in ISIS milestones and delete the pending referral form from their desktop.

Forms/Reports:

Manager will report monthly by doing a manual count from letters in the L drive to DHS as requested regarding the number of Section Q referrals received. Further detail of reporting can be obtained by manual reference to ISIS milestones, such as: number still pending, number who were went to Options Counseling and Transition Counseling and number who did not qualify for Transition Counseling and why:

- Service not available
- Resident needs are too high
- Lacking family support
- Funding not available
- Previous integration attempts unsuccessful
- Lacking guardian/power of attorney support
- Court committed
- Resident refused
- Other reason

Form/Attachment: see below
The letter for the NF will be prepared showing: first initial, last name, only the last on let Fax the letter.

Date

NF
Address
City, State Zip

Provider Number: _____
NPI #: _____

Re: MDS SECTION Q REFERRAL TO LOCAL CONTACT AGENCY

Dear Director of Nursing:
The Iowa Medicaid Enterprise Medical Services has been contacted to inform us that, _____ requested information for potential discharge back to the community. A referral has been made to the Office of the State Long-Term Care Ombudsman or Aging and Disability Resource Center, as appropriate.

Resident Name: _____ **Gender:** _____

Medicaid SID or SSN: _____ **Date of Birth:** _____

Resident Phone Number: _____ **MDS date:**_____

Original Admission Date to Nursing Facility: _____ **Medicaid eligible:** ☐ **Yes** ☐ **No**

County of Residence Prior to Admission: _____
Has the resident applied for Medicaid? ☐ **Yes** ☐ **No**

Date of Medicaid application? _____

How long ago was the resident living in the community? _____

Does the resident have a guardian, conservator or power of attorney? ☐ **Yes** ☐ **No**

What is the resident's preferred method of communication ☐ **phone or** ☐ **in person?**

Can they understand/make self understood on the telephone? ☐ **Yes** ☐ **No**

Local Contact Agency Representative Name: _____
Date of contact: _____
Date of referral to Transition counselor: _____

******************************CONFIDENTIAL*********************************

This letter should be placed on the resident's permanent medical record. If you have questions, call
1-8 0-383-1173 or locally in Des Moines, 256-4623.